IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

DEMAND LETTER
CERTIFIED

Complaint Intake: #29706-C

August 11, 2010

Chris lange, Administrator
Regency Assisted Living
815 High Street
Norwalk, IA 50211-1462

RE: I. Final Complaint Investigation Report
II. Civil Penalty
III. Appeals/Hearings
IV. Conclusion

Dear Ms. Lange:

I. Final Complaint Investigation Report – Regency Assisted Living, Norwalk, IA

Enclosed is the **Final Complaint Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69. The Report notes Regulatory Insufficiency in the area(s) of: Other. **Regency Assisted Living** ("Program") is being assessed a $500.00 civil penalty.

II. Civil Penalty

If, within 30 days of the receipt of this demand letter, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the civil penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to IAC rule 481—67.12(3)d. If you do not wish to request a formal hearing or wish to withdraw your request for formal hearing, please send a cover letter to the attention of **Connie Schaffer** and remit the civil penalty assessed by check or money order in the amount of three hundred twenty-five dollars ($325.00) within 30 business days after the receipt of this demand letter.

III. Appeals/Hearings

The Program may appeal the DIA decision in accordance with IAC rule 481—67.13 within thirty (30) days of this notice, by submitting a request for appeal to DIA. A contested case hearing will be held pursuant to Iowa Code chapter 17A and IAC chapter 481—10. If the Program appeals the DIA decision, the civil penalty will be suspended pending the appeal process. If the Program does not appeal, the civil penalty is due within 30 days of notice.

IV. Conclusion

The Program is being assessed a $500.00 civil penalty. The Plan of Correction (POC) submitted on August 11, 2010, has been reviewed and will constitute the final POC related to the on-site visit of July 23, 2010.

DIA may revisit the Program to confirm compliance in fulfilling the POC's corrective measures. If the Program wishes to appeal the final findings, the Program may do so within 30 days of this letter.

If you have any questions in regard to this letter and enclosed Report, please contact your Certification Coordinator, Connie Schaffer, at 515-281-5003.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Complaint Investigation Report

Assisted Living Program: **Complaint Intake: #29706-C**

Chris Lange, Administrator
Regency Assisted Living
815 High Street
Norwalk, IA 50211-1462

Date of Investigation:

July 23, 2010

Monitor(s):

Hal L. Chase, RN BSN MPH

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are rule violations. IAC r. 481-67.10(5). The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under 481 IAC chapter 69 that: serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

A complaint investigation on-site visit was conducted at Regency Assisted Living on July 23, 2010. In preparing this report, the following information was considered:

Current Program Census

General Population Program (GPP)* – A program that does is not include a Dementia Specific unit, but may include have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	22
Current number of tenants with cognitive disorder:	0
Total Population:	22

Dementia Specific Program (DSP)* – Not applicable.

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – Not applicable.

Program History – There have no substantiated Regulatory Insufficiencies during this recertification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Other

Complaint Allegation: It is alleged Tenant #1 left the program and showed up at a personal residence, which was several blocks from the program. The tenant was confused, had a bump to the head and reported he/she may have fallen. Local police arrived and transported the tenant to the program.

- Monitoring Observation: Tenant #1, an 83 year old, was admitted on 9-7-07 and had diagnoses of: Dementia, Hypertension and Anxiety. The tenant was staged at five on the Global Deterioration Scale on 10-12-09, which indicated moderately severe cognitive decline. The tenant was discharged from the program on 7-20-10 and was admitted to a local nursing facility.

  Functional and health evaluations of 10-12-09 indicated the tenant was independent with ambulation. Service Plan of 10-12-09, indicated the tenant was independent with ambulation and would go outside, weather permitting, to sit or to take a walk around the building. Nurse's notes of 3-11-10 through 7-20-10 indicated the tenant did not have a history of leaving the program's premises. Nurse's notes of 7-16-10 indicated the tenant reported falling during the previous overnight hours and had a scrape and large bruise to the left knee, localized swelling and a bruise was noted to the left forehead. The program's registered nurse (RN) indicated the tenant had full range of motion and was ambulating without difficulty. Neuro-checks were completed and results were within normal limits. The tenant's family and physician were contacted and informed of the tenant's fall.

  Nursing documentation and fall assessment of 7-20-10 indicated local fire department rescue brought Tenant #1 to the program at 1:00 p.m. and told staff they found the tenant down the street a few blocks. The tenant was escorted to his/her apartment which the tenant recognized. A "head to toe assessment" was completed by the RN and no injury was noted. The program completed 15 minute safety checks until the tenant's family member arrived. Nurse's notes of the same date, but separate entry indicated the tenant was discharged from the program and admitted to the adjacent nursing facility. Program records indicated the tenant was no longer appropriate for assisted living.

  Staff schedule for July 2010 indicated there were two direct care staff onsite for the day and evening shift and one staff onsite for nights. Staff #1 and #2 stated there was sufficient staff to meet the needs of tenants. Program records indicated the program had a policy for staff to implement when a tenant was missing. Staff #1 and #2 stated they knew of the policy and each demonstrated understanding of what needed to be done.

  Staff #1 stated, on 7-20-10 the tenant came for lunch as usual and indicated he/she didn't want to eat lunch and wanted to go back to his/her apartment and Staff #1 thought the tenant had gone back to his/her apartment. Staff #1 stated the tenant did not have a history of wandering or elopement and would pace from his/her apartment to the front of the program where the television was located. The tenant would ask to sit outside and would only go outside when other tenants were present.

Staff #2 stated she didn't work the day the tenant eloped from the program. She stated the tenant would pace from his/her apartment to the television room and activity room, where the tenant attended activities on a regular basis. The tenant would sit outside with other tenants, but wouldn't go out alone and was always with someone. The tenant did not have a history of wandering and no history of elopement.

- Regulatory Insufficiency: The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available when a tenant elopes from a program. (IAC r. 481 - 67.4(4))

Dated this 11th day of August, 2010.